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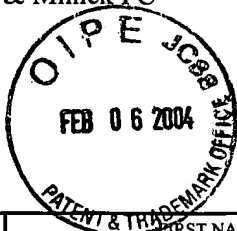
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11/26/2003

Kelly K. Kordzik Winstead Seachrest & Minick PC
 5400 Renaissance Tower
 1201 Elm Street
 Dallas, TX 75270



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Serena Beller	(Depositor's name)
<i>Serena Beller</i>	(Signature)
2/3/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/592,124	06/12/2000	Zoran Krivokapic	F0056/1663P	4928

TITLE OF INVENTION: METHOD AND SYSTEM FOR FORMING A LONG CHANNEL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	02/26/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, LONG	2814	438-275000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Winstead Seachrest & Minick P.C.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Advanced Micro Devices, Inc.

Sunnyvale, CA 94086

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-0365 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Kelly K. Kordzik, Reg. No. 36,571

2-2-04

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